

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

[illegible]

## Notes



## Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

- 1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did . . . have a job or business, either full time or part time, even for only a few days?**  
 Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

- 1 ☐ Yes — Mark "Worked" (code 170) on ISS and SKIP to 4  
 2 ☐ No

- 2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?**

1002

- 1 ☐ Yes  
 2 ☐ No — SKIP to 3a

- b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1004

x5 ☐ ALL

1006

☐ 1

1018

☐ 7

1030

☐ 13

1008

☐ 2

1020

☐ 8

1032

☐ 14

1010

☐ 3

1022

☐ 9

1034

☐ 15

1012

☐ 4

1024

☐ 10

1036

☐ 16

1014

☐ 5

1026

☐ 11

1038

☐ 17

1016

☐ 6

1028

☐ 12

1040

☐ 18

- c. Could . . . have taken a job during any of those weeks if one had been offered?**

1042

- 1 ☐ Yes — SKIP to 3a  
 2 ☐ No

- d. What was the main reason . . . could not take a job during those weeks?**

Mark (X) only one.

1044

- 1 ☐ Already had a job  
 2 ☐ Temporary illness  
 3 ☐ School  
 4 ☐ Other — Specify ↓

- 3a. Even though . . . did not have a job during this period, did . . . do any work at all that earned some money?**

1046

- 1 ☐ Yes — Mark "55" on ISS  
 2 ☐ No — SKIP to 9a, page 4

- b. In which of the months shown on this calendar did . . . do that work?**

Mark (X) all that apply.

1048

1 ☐ Last month

1050

2 ☐ 2 months ago

1052

3 ☐ 3 months ago

1054

4 ☐ 4 months ago

SKIP to 9a, page 4

- 4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?**  
 Note that the person did **not** have to **work** each week.

1056

- 1 ☐ Yes  
 2 ☐ No — SKIP to 6a

- 5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?**

1058

- 1 ☐ Yes  
 2 ☐ No — SKIP to 8a, page 4

- b. Please look at the calendar. In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1060

x5 ☐ ALL

1062

☐ 1

1074

☐ 7

1086

☐ 13

1064

☐ 2

1076

☐ 8

1088

☐ 14

1066

☐ 3

1078

☐ 9

1090

☐ 15

1068

☐ 4

1080

☐ 10

1092

☐ 16

1070

☐ 5

1082

☐ 11

1094

☐ 17

1072

☐ 6

1084

☐ 12

1096

☐ 18

- c. What was the main reason . . . was absent without pay from . . . 's job or business during those weeks?**

Mark (X) only one.

1098

- 1 ☐ On layoff  
 2 ☐ Own illness  
 3 ☐ On vacation  
 4 ☐ Bad weather  
 5 ☐ Labor dispute  
 6 ☐ New job to begin within 30 days  
 7 ☐ Other — Specify ↓

SKIP to 8a, page 4

NOTES

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

(SHOW FLASHCARD J)

**6a. Please look at the calendar. In which weeks did ... have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1100	<input type="checkbox"/> 1	1112	<input type="checkbox"/> 7	1124	<input type="checkbox"/> 13
1102	<input type="checkbox"/> 2	1114	<input type="checkbox"/> 8	1126	<input type="checkbox"/> 14
1104	<input type="checkbox"/> 3	1116	<input type="checkbox"/> 9	1128	<input type="checkbox"/> 15
1106	<input type="checkbox"/> 4	1118	<input type="checkbox"/> 10	1130	<input type="checkbox"/> 16
1108	<input type="checkbox"/> 5	1120	<input type="checkbox"/> 11	1132	<input type="checkbox"/> 17
1110	<input type="checkbox"/> 6	1122	<input type="checkbox"/> 12	1134	<input type="checkbox"/> 18

**b. Of those weeks that ... had a job or business, was ... absent from work for any full weeks without pay?**

1136

1 ☐ Yes  
2 ☐ No — SKIP to 7a

**c. In which weeks was ... absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1138	<input type="checkbox"/> 1	1150	<input type="checkbox"/> 7	1162	<input type="checkbox"/> 13
1140	<input type="checkbox"/> 2	1152	<input type="checkbox"/> 8	1164	<input type="checkbox"/> 14
1142	<input type="checkbox"/> 3	1154	<input type="checkbox"/> 9	1166	<input type="checkbox"/> 15
1144	<input type="checkbox"/> 4	1156	<input type="checkbox"/> 10	1168	<input type="checkbox"/> 16
1146	<input type="checkbox"/> 5	1158	<input type="checkbox"/> 11	1170	<input type="checkbox"/> 17
1148	<input type="checkbox"/> 6	1160	<input type="checkbox"/> 12	1172	<input type="checkbox"/> 18

**d. What was the main reason ... was absent from ...'s job or business during those weeks?**

Mark (X) only one.

1174

1 ☐ On layoff  
2 ☐ Own illness  
3 ☐ On vacation  
4 ☐ Bad weather  
5 ☐ Labor dispute  
6 ☐ New job to begin within 30 days  
7 ☐ Other — Specify

**7a. I have marked that there were some weeks in this period in which ... did NOT have a job or business. During that week or weeks did ... spend any time looking for work or on layoff?**

1176

1 ☐ Yes  
2 ☐ No — SKIP to 7e

**b. In which of these weeks was ... looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1178 x5 ☐ All weeks without a job

1180	<input type="checkbox"/> 1	1192	<input type="checkbox"/> 7	1204	<input type="checkbox"/> 13
1182	<input type="checkbox"/> 2	1194	<input type="checkbox"/> 8	1206	<input type="checkbox"/> 14
1184	<input type="checkbox"/> 3	1196	<input type="checkbox"/> 9	1208	<input type="checkbox"/> 15
1186	<input type="checkbox"/> 4	1198	<input type="checkbox"/> 10	1210	<input type="checkbox"/> 16
1188	<input type="checkbox"/> 5	1200	<input type="checkbox"/> 11	1212	<input type="checkbox"/> 17
1190	<input type="checkbox"/> 6	1202	<input type="checkbox"/> 12	1214	<input type="checkbox"/> 18

**c. Could ... have taken a job during those weeks if one had been offered?**

1216

1 ☐ Yes — Skip to 7e  
2 ☐ No

**d. What was the main reason ... could not take a job during those weeks?**

Mark (X) only one.

1218

1 ☐ Already had a job  
2 ☐ Temporary illness  
3 ☐ School  
4 ☐ Other — Specify

**e. During the weeks that ... did not have a job, did ... do any work at all that earned some money?**

1220

1 ☐ Yes — Mark "55" on ISS  
2 ☐ No — SKIP to 8a, page 4

**f. In which of the months shown on this calendar did ... do that work?**

Mark (X) all that apply.

1222

1 ☐ Last month  
2 ☐ 2 months ago  
3 ☐ 3 months ago  
4 ☐ 4 months ago

NOTES

LABOR FORCE AND RECIPIENCY

# Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

**8a.** In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?

**1230**   Hours per week  
x3 ☐ None  
x1 ☐ DK } SKIP to 9a

**CHECK  
ITEM R3**

Refer to item 8a.

Did . . . usually work 35 or more hours per week?

**1231** 1 ☐ Yes  
2 ☐ No – SKIP to 8c

**8b.** Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.

**1232** 1 ☐ Yes  
2 ☐ No – SKIP to 9a

**c.** How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?

**1233** x5 ☐ All weeks  
**1234**  Weeks Last month  
**1235**  Weeks 2 months ago  
**1236**  Weeks 3 months ago  
**1237**  Weeks 4 months ago

**d.** What was the main reason . . . worked fewer than 35 hours in those weeks?

Mark (X) only one.

**1238** 1 ☐ Could not find a full-time job  
2 ☐ Wanted to work part time  
3 ☐ Health condition or disability  
4 ☐ Normal working hours are fewer than 35 hours  
5 ☐ Slack working or material shortage  
6 ☐ Other – Specify \_\_\_\_\_

**9a.** During this 4-month period, did . . . receive any State unemployment compensation payments?

**1240** 1 ☐ Yes – Mark "5" on ISS  
2 ☐ No – SKIP to Check Item R4

**b.** During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?

**1242** 1 ☐ Yes – Mark "6" on ISS  
2 ☐ No

**CHECK  
ITEM R4**

Is "Worked" (code 170) marked on the ISS?

**1244** 1 ☐ Yes  
2 ☐ No – SKIP to Check Item R5

**10.** During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?

**1246** 1 ☐ Yes – Mark "10" on ISS  
2 ☐ No

**CHECK  
ITEM R5**

Refer to cc items 32a and 32c.

Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)

**1330** 1 ☐ Yes  
2 ☐ No – SKIP to Check Item R6

**11a.** How long did . . . serve on active duty in the Armed Forces?

**1332** 1 ☐ Less than 6 months  
2 ☐ 6 to 23 months  
3 ☐ 2 to 19 years  
4 ☐ 20 or more years  
x1 ☐ DK

**b.** Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?

**1334** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK } SKIP to 11d

**c.** What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)

**1336**    Percent } Mark "200" on ISS if rating is 100%; otherwise, mark "201"  
x3 ☐ 0%  
x1 ☐ DK  
x2 ☐ Ref.  
101 ☐ No rating

**d.** During this 4-month period did . . . receive any payments from the Veterans' Administration? (Exclude regular military retirement pay, insurance proceeds and GI Bill benefits.)

**1338** 1 ☐ Yes – Mark "8" on ISS  
2 ☐ No

**CHECK  
ITEM R6**

Refer to cc item 24.

Is . . . 18 years of age or older?

**1340** 1 ☐ Yes  
2 ☐ No – SKIP to 15a

NOTES

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**12a.** During this 4-month period, did . . . receive any Social Security payments?

- 1342** 1 ☐ Yes — Mark "1" on ISS  
2 ☐ No — SKIP to Check Item R8

**b.** What is the reason . . . is getting Social Security, is it because . . . is (Read categories) —  
Mark (X) only one.

- 1344** 1 ☐ Retired?  
2 ☐ Disabled?  
3 ☐ Widowed or surviving child?  
4 ☐ Spouse or dependent child?  
5 ☐ Some other reason } SKIP to 13a  
x1 ☐ DK

**c.** Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?

- 1346** 1 ☐ Retired  
2 ☐ Disabled  
3 ☐ Widowed or surviving child  
4 ☐ Spouse or dependent child  
5 ☐ No other reason  
x1 ☐ DK

**CHECK  
ITEM R7**

Is "Disabled" marked in item 12b or 12c above?

- 1348** 1 ☐ Yes  
2 ☐ No — SKIP to 13a

**12d.** At what age did . . . begin receiving Social Security because of (his/her) disability?

- 1349**   Age in years } SKIP to 13a  
x1 ☐ DK  
x2 ☐ Ref.

**CHECK  
ITEM R8**

Refer to cc item 27.  
Is . . . the designated parent or guardian of children under 18 who live in this household?

- 1350** 1 ☐ Yes  
2 ☐ No — SKIP to 13a

**12e.** During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?

- 1352** 1 ☐ Yes — Mark "1" on ISS  
2 ☐ No

**13a.** During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?

- 1354** 1 ☐ Yes — Mark "3" on ISS  
2 ☐ No — SKIP to Check Item R9

**b.** Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?

- 1356** 1 ☐ Yes — Mark "4" on ISS  
2 ☐ No

**CHECK  
ITEM R9**

Refer to cc item 24.  
Is . . . 40 years of age or older?

- 1358** 1 ☐ Yes  
2 ☐ No — SKIP to 15a

**14a.** Has . . . ever retired from a job or business? (Include retirement from the military.)

- 1360** 1 ☐ Yes  
2 ☐ No — SKIP to Check Item R10

**b.** During the 4-month period did . . . receive any retirement income other than Social Security?

- 1362** 1 ☐ Yes  
2 ☐ No — SKIP to 14d

**c.** What kind of retirement income? Anything else?  
Mark (X) all that apply.

- 1364** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS  
**1366** 2 ☐ Pension from company or union — Mark "30" on ISS  
**1368** 3 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS  
**1370** 4 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS  
**1372** 5 ☐ National Guard or Reserve Forces retirement — Mark "33" on ISS  
**1374** 6 ☐ State government pension — Mark "34" on ISS  
**1376** 7 ☐ Local government pension — Mark "35" on ISS  
**1378** 8 ☐ Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS.

**1380**

**d.** During this 4-month period did . . . receive any regular income from a paid-up life insurance policy or any other annuities?

- 1382** 1 ☐ Yes — Mark "36" on ISS  
2 ☐ No

**CHECK  
ITEM R10**

Refer to cc item 24.  
Is . . . 70 years of age or older?

- 1384** 1 ☐ Yes — SKIP to Check Item R11  
2 ☐ No

**15a.** Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?

- 1386** 1 ☐ Yes — Mark "171" on ISS  
2 ☐ No — SKIP to Check Item R11

**b.** During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)

- 1388** 1 ☐ Yes  
2 ☐ No } SKIP to Check Item R11  
x1 ☐ DK

## Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

### 15c. What kind of income? Anything else?

Mark (X) all that apply.

- 1390** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1392** 2 ☐ Black Lung benefits — Mark "9" on ISS
- 1394** 3 ☐ Worker's Compensation — Mark "10" on ISS
- 1396** 4 ☐ Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
- 1398** 5 ☐ Pension from company or union — Mark "30" on ISS
- 1400** 6 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1402** 7 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1406** 8 ☐ State government pension — Mark "34" on ISS
- 1408** 9 ☐ Local government pension — Mark "35" on ISS
- 1410** 10 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1412** ☐ ☐

#### CHECK ITEM R11

Refer to cc item 26a.  
What is ...'s marital status?

- 1414** 1 ☐ Married — SKIP to 17
- 2 ☐ Widowed — SKIP to 19a
- 3 ☐ Divorced
- 4 ☐ Separated
- 5 ☐ Never married — SKIP to Check Item R12

### 16. Did ... receive any alimony (or support payments other than child support) during the 4-month period?

- 1416** 1 ☐ Yes — Mark "29" on ISS and SKIP to Check Item R12
- 2 ☐ No
- x1 ☐ DK } SKIP to Check Item R12
- x2 ☐ Ref. }

### 17. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has ... ever been widowed or divorced?

- 1418** 1 ☐ Widowed — SKIP to 19a
- 2 ☐ Divorced
- 3 ☐ Both widowed and divorced
- 4 ☐ No — SKIP to Check Item R15

#### CHECK ITEM R12

Refer to cc items 25 and 27.  
Is ... the parent or guardian of children under 21 years old who live in this household?

- 1420** 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R13

### 18. Did ... receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)

- 1422** 1 ☐ Yes — Mark "28" on ISS
- 2 ☐ No
- x1 ☐ DK
- x2 ☐ Ref.

#### CHECK ITEM R13

Is "Both widowed and divorced" (box 3) marked in item 17?

- 1424** 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R15

### 19a. During this 4-month period, did ... receive any pensions or annuities as a widow(er) (other than Social Security)?

- 1426** 1 ☐ Yes
- 2 ☐ No
- x1 ☐ DK } SKIP to Check Item R15

#### b. What kind of income was this?

Was there anything else?

(SHOW FLASHCARD K)

Mark (X) all that apply.

- 1428** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1430** 2 ☐ Veterans Compensation or pension — Mark "8" on ISS
- 1432** 3 ☐ Black Lung benefits — Mark "9" on ISS
- 1434** 4 ☐ Pension from company or union — Mark "30" on ISS
- 1436** 5 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1438** 6 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1440** 7 ☐ National Guard or Reserve Forces retirement — Mark "33" on ISS
- 1442** 8 ☐ State government pension — Mark "34" on ISS
- 1444** 9 ☐ Local government pension — Mark "35" on ISS
- 1446** 10 ☐ Income from paid up life insurance policies or annuities — Mark "36" on ISS
- 1448** 11 ☐ Payments from estate or trust — Mark "37" on ISS
- 1450** 12 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1452** ☐ ☐

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>CHECK ITEM R14</b>	Is "Veterans Compensation or pension" (box 2) marked in item 19b?	<b>1454</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R15
<b>19c.</b>	Did ...'s late spouse die while in the service or from a service-related injury?	<b>1456</b>	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
<b>CHECK ITEM R15</b>	Refer to cc item 24. Is ... 65 years of age or older?	<b>1458</b>	1 <input type="checkbox"/> Yes — SKIP to 20a 2 <input type="checkbox"/> No
<b>CHECK ITEM R16</b>	Refer to item 15a, page 5. Does ... have a work disability?	<b>1460</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R17
<b>20a.</b>	Medicare is a health insurance program for disabled persons and persons 65 or older. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was ... covered by Medicare?	<b>1462</b>	1 <input type="checkbox"/> Yes — Mark "172" on ISS 2 <input type="checkbox"/> No } SKIP to Check Item R17 x1 <input type="checkbox"/> DK }
<b>b.</b>	May I see ...'s Medicare card to record the claim number and type of coverage?  ★	<b>1464</b>	<div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div>



# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>23c. Which children were covered?</b>		<b>1510</b> x5 <input type="checkbox"/> All children OR Person No. Name
		<b>1512</b> <input type="text"/>
		<b>1514</b> <input type="text"/>
		<b>1516</b> <input type="text"/>
		<b>1518</b> <input type="text"/>
		<b>1520</b> <input type="text"/>
<b>CHECK ITEM R21</b>	Was ... or any of ...'s children under 18 years old covered by Medicaid?	<b>1524</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 24a
<b>23d. Was (.../and) ...'s children) covered during the entire 4-month period?</b>		<b>1526</b> 1 <input type="checkbox"/> Yes — SKIP to 24a 2 <input type="checkbox"/> No
<b>e. In which months was (.../and) ...'s children) covered?</b> Mark (X) all that apply.		<b>1528</b> 1 <input type="checkbox"/> Last month <b>1530</b> 2 <input type="checkbox"/> 2 months ago <b>1532</b> 3 <input type="checkbox"/> 3 months ago <b>1534</b> 4 <input type="checkbox"/> 4 months ago
<b>24a. Was ... covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)</b>		<b>1536</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R22
<b>ASK OR VERIFY —</b>		
<b>b. Was ... covered by a health insurance plan during the entire 4-month period?</b>		<b>1538</b> 1 <input type="checkbox"/> Yes — SKIP to 24d 2 <input type="checkbox"/> No
<b>c. In which months was ... covered?</b> Mark (X) all that apply.		<b>1540</b> 1 <input type="checkbox"/> Last month <b>1542</b> 2 <input type="checkbox"/> 2 months ago <b>1544</b> 3 <input type="checkbox"/> 3 months ago <b>1546</b> 4 <input type="checkbox"/> 4 months ago
<b>d. Was ...'s health insurance coverage from a plan in ...'s own name (primary policy holder), or was ... covered as a family member on someone else's plan?</b>		<b>1547</b> 1 <input type="checkbox"/> Plan in own name — SKIP to 24f 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both — SKIP to 24f
<b>e. Whose plan covered ...?</b>		Household member Person No. Name <b>1548</b> <input type="text"/> x4 <input type="checkbox"/> Not a Household member
<b>f. Was ...'s policy obtained through ...'s current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?</b>		<b>1549</b> 1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK } SKIP to 24h
<b>g. Did ...'s employer or union (former employer) pay all, part, or none of the cost of this plan?</b>		<b>1550</b> 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None
<b>h. Was ...'s plan an individual plan or a family plan?</b>		<b>1552</b> 1 <input type="checkbox"/> Individual — SKIP to Check Item R22 2 <input type="checkbox"/> Family
<b>i. Other than ..., which persons in this household were covered by ...'s plan? (Include children as well as adults.)</b>		<b>1554</b> x5 <input type="checkbox"/> All persons Person No. Name <b>1556</b> <input type="text"/> <b>1558</b> <input type="text"/> <b>1560</b> <input type="text"/> <b>1562</b> <input type="text"/> <b>1564</b> <input type="text"/> <b>1566</b> x3 <input type="checkbox"/> None
<b>j. Did ...'s plan cover anyone who did not live in this household during the past 4 months? Mark (X) all that apply.</b>		<b>1567</b> 1 <input type="checkbox"/> Yes, spouse <b>1568</b> 2 <input type="checkbox"/> Yes, child(ren) <b>1569</b> 3 <input type="checkbox"/> Yes, someone else <b>1570</b> 4 <input type="checkbox"/> No

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**CHECK  
ITEM R22**

Refer to cc item 27.

Is . . . the designated parent or guardian of children under 15 years old who live in this household?

1572

- 1 ☐ Yes  
2 ☐ No — SKIP to 25

**24k. Were all of . . . 's children under 15 years old covered by a health insurance plan?**  
(Include CHAMPUS, CHAMPVA, and military plans.)  
(Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)

1574

- 1 ☐ Yes — SKIP to 24m  
2 ☐ No

**l. Which children were covered by a health insurance plan?**

Person No. Name

1575

1576

1577

1578

1579

OR

1580

- x3 ☐ None — SKIP to 25

**m. Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?**

1581

- 1 ☐ Yes — **Which children?**

Person No. Name

1582

1583

1584

1585

1586

1587

- 2 ☐ No

**25. Excluding IRA and Keogh accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?**

1624

- 1 ☐ Yes  
2 ☐ No — SKIP to 27a

**26. Did . . . have any —**

1626

- 1 ☐ Yes — Mark "100" on ISS  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

**a. Regular or passbook savings accounts?**

**b. Money market deposit accounts?**

1628

- 1 ☐ Yes — Mark "101" on ISS  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

**c. Certificates of deposit or other savings certificates?**

1630

- 1 ☐ Yes — Mark "102" on ISS  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

**d. Interest-earning checking accounts (such as NOW or Super NOW accounts)?**

1632

- 1 ☐ Yes — Mark "103" on ISS  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

**27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages or bonds at any time during the 4-month period? (Exclude IRA and Keogh accounts.)**

1634

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref. } SKIP to 28

(SHOW FLASHCARD N)

**b. Which kinds of these assets did . . . own?**  
**Any others?**

(Exclude IRA and Keogh accounts.)

Mark (X) all that apply.

1636

1638

1640

1642

1644

1646

- 1 ☐ Money market funds — Mark "104" on ISS  
2 ☐ U.S. Government securities — Mark "105" on ISS  
3 ☐ Municipal or corporate bonds — Mark "106" on ISS  
4 ☐ Mortgages — Mark "130" on ISS  
5 ☐ U.S. Savings Bonds (E, EE) — Mark "174" on ISS  
6 ☐ Other — Specify and mark "107" on ISS

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>28. During the 4-month period did . . . have any —</b> <b>(Exclude IRA and Keogh accounts.)</b> <b>a. Stocks or mutual fund shares?</b>	<b>1648</b> 1 <input type="checkbox"/> Yes — Mark "110" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>b. Rental property?</b>	<b>1650</b> 1 <input type="checkbox"/> Yes — Mark "120" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>c. Royalties?</b>	<b>1652</b> 1 <input type="checkbox"/> Yes — Mark "140" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?</b>	<b>1654</b> 1 <input type="checkbox"/> Yes — Specify and mark "150" on ISS  2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>29a. Was . . . enrolled in school, either full-time or part-time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</b>	<b>1656</b> 1 <input type="checkbox"/> Yes, full-time 2 <input type="checkbox"/> Yes, part-time 3 <input type="checkbox"/> No — SKIP to Check Item R23
<b>b. During which months was . . . enrolled?</b> Mark (X) all that apply.	<b>1658</b> <b>1660</b> <b>1662</b> <b>1664</b> <b>1666</b> 1 <input type="checkbox"/> All months 2 <input type="checkbox"/> Last month 3 <input type="checkbox"/> 2 months ago 4 <input type="checkbox"/> 3 months ago 5 <input type="checkbox"/> 4 months ago
<b>c. At what level or grade was . . . enrolled?</b> (If enrolled at more than one level during this period, check most recent level.)	<b>1668</b> 1 <input type="checkbox"/> Elementary grades 1 — 8 2 <input type="checkbox"/> High school grades 9 — 12 3 <input type="checkbox"/> College year 1 4 <input type="checkbox"/> College year 2 5 <input type="checkbox"/> College year 3 6 <input type="checkbox"/> College year 4 7 <input type="checkbox"/> College year 5 8 <input type="checkbox"/> College year 6 9 <input type="checkbox"/> Vocational school 10 <input type="checkbox"/> Technical school 11 <input type="checkbox"/> Business school
<b>30a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct Student Loan, or any other type of scholarship or grant?</b>	<b>1670</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R23
<b>b. What kind of educational assistance did . . . receive? Anything else?</b> Mark (X) all that apply.	<b>1672</b> <b>1674</b> <b>1676</b> <b>1678</b> <b>1680</b> <b>1682</b> <b>1684</b> <b>1686</b> <b>1688</b> <b>1690</b> <b>1692</b> 1 <input type="checkbox"/> GI Bill — Mark "40" on ISS 2 <input type="checkbox"/> Other Veteran's Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS 3 <input type="checkbox"/> College Work Study — Mark "175" on ISS 4 <input type="checkbox"/> PELL Grant — Mark "176" on ISS 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS 6 <input type="checkbox"/> National Direct Student Loan (NDSL) — Mark "178" on ISS 7 <input type="checkbox"/> Guaranteed Student Loan — Mark "179" on ISS 8 <input type="checkbox"/> JTPA Training — Mark "180" on ISS 9 <input type="checkbox"/> Employer Assistance — Mark "181" on ISS 10 <input type="checkbox"/> Fellowship/Scholarship — Mark "182" on ISS 11 <input type="checkbox"/> Other financial aid — Mark "183" on ISS
<b>CHECK ITEM R23</b> Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?	<b>1694</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R24
<b>31. Is . . . 's spouse in the Armed Forces?</b>	<b>1696</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**CHECK  
ITEM R24**

Are any codes (excluding 171 — 173, 200, and 201) marked on the ISS?

**1698**

- 1 ☐ Yes  
2 ☐ No — SKIP to 33a

**32a.** You said that during the 4-month period . . . received income from — (Read all items marked on the ISS, except codes 171 — 173, 200, and 201.) Is that correct?

**1700**

- 1 ☐ Yes  
2 ☐ No — Probe and resolve (Make corrections to ISS if necessary)

**b.** Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?

**1702**

- 1 ☐ Yes — SKIP to 33b  
2 ☐ No — SKIP to Check Item E1, page 13

**33a.** I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?

**1704**

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item P1, page 45

**b.** What kind of income did . . . receive? Anything else?

Enter codes from income source list and mark ISS.

**1706**

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**1708**

--	--	--	--

**1710**

--	--	--	--

NOTES

NOTES

EARNINGS AND EMPLOYMENT

## Section 2 — EARNINGS AND EMPLOYMENT

**CHECK  
ITEM E1**

Is "Worked" (code 170) marked on ISS?

**1712**

- 1 ☐ Yes  
2 ☐ No — *SKIP to First ISS Code marked or Check Item P1, page 45*

**1 a.** You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?  
(Include unpaid worker in family business or farm as working for an employer.)

**1714**

- 1 ☐ Worked for employer only  
2 ☐ Self-employed only — *SKIP to Statement B, page 18*  
3 ☐ Both worked for employer and self-employed

**b.** How many different employers did . . . work for during this 4-month period?

**1716**

- 1 ☐ 1 employer  
2 ☐ 2 employers  
3 ☐ 3 or more employers

**CHECK  
ITEM E2**

Is "Both worked for employer and self-employed" (box 3) marked in item 1a?

**1718**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 2a*

**STATEMENT A** →

. . . worked for an employer and was also self-employed. The first questions will be about . . . 's work for an employer.

NOTES

EARNINGS AND EMPLOYMENT

Section 2 — EARNINGS AND EMPLOYMENT (Continued)	
Part A1 — EMPLOYER IDENTIFICATION NUMBER 1	
<b>2a. What is the name of the employer for whom ... worked during this 4-month period?</b> <i>(If worked for 2 employers, enter one employer here and the other in part A2, page 16. If worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom ... worked the most hours.)</i>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Employer name <div style="border: 1px solid black; padding: 2px;">2000</div>
<div style="background-color: black; color: white; padding: 2px; width: 100px; float: left;">CHECK ITEM E3</div> Enter number "1" for this employer in box. <span style="float: right;">→</span>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Employer I.D. No. <div style="border: 1px solid black; padding: 2px;">2002</div>
<b>2b. What kind of business or industry was</b> <i>(Name of company or business)?</i> <b>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b>  ASK OR VERIFY —	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2005</div>
<b>c. Is it mainly —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2006</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Manufacturing?  2 <input type="checkbox"/> Wholesale Trade?  3 <input type="checkbox"/> Retail Trade?  4 <input type="checkbox"/> Some other kind of business? </div> </div>
<b>d. What kind of work was ... doing on this job?</b> <b>For example: Electrical engineer, stock clerk, typist, farmer</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2008</div>
<b>e. What were ...'s main activities or duties on this job?</b> <b>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</b>  ASK OR VERIFY —	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2010</div>
<b>f. Was ... an employee of —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2012</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> A private for-profit company or individual?  2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?  3 <input type="checkbox"/> Federal government (exclude Armed Forces)?  4 <input type="checkbox"/> State government?  5 <input type="checkbox"/> Local government?  6 <input type="checkbox"/> Armed Forces?  7 <input type="checkbox"/> Unpaid in family business or farm? </div> </div>
ASK OR VERIFY — <b>3a. Was ... employed by</b> <i>(Name of employer)</i> <b>during the entire 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 7</div> <div style="border: 1px solid black; padding: 2px;">2014</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Yes — SKIP to 4  2 <input type="checkbox"/> No </div> </div>
<b>b. When was ... employed by</b> <i>(Name of employer)</i> <b>during this 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2016</div> FROM <div style="border: 1px solid black; padding: 2px;">  </div> / <div style="border: 1px solid black; padding: 2px;">  </div> Month <div style="border: 1px solid black; padding: 2px;">2018</div> <div style="border: 1px solid black; padding: 2px;">  </div> / <div style="border: 1px solid black; padding: 2px;">  </div> Day <div style="border: 1px solid black; padding: 2px;">2020</div> TO <div style="border: 1px solid black; padding: 2px;">  </div> / <div style="border: 1px solid black; padding: 2px;">  </div> Month <div style="border: 1px solid black; padding: 2px;">2022</div> <div style="border: 1px solid black; padding: 2px;">  </div> / <div style="border: 1px solid black; padding: 2px;">  </div> Day
<div style="background-color: black; color: white; padding: 2px; width: 100px; float: left;">CHECK ITEM E3.1</div> Did ... stop working for this employer during the reference period?	<div style="border: 1px solid black; padding: 2px;">2023</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to 4 </div> </div>
<b>3c. What is the main reason ... stopped working for</b> <i>(Name of employer)?</i> Mark (X) only one	<div style="border: 1px solid black; padding: 2px;">2024</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Laid off  2 <input type="checkbox"/> Retired  3 <input type="checkbox"/> Discharged  4 <input type="checkbox"/> Job was temporary and ended </div> <div style="width: 45%;"> 5 <input type="checkbox"/> Quit to take another job  6 <input type="checkbox"/> Quit for some other reason </div> </div>
ASK OR VERIFY — <b>4. How many hours per week did ... usually work at this job?</b>	<div style="border: 1px solid black; padding: 2px;">2025</div> <div style="border: 1px solid black; padding: 2px;">  </div> / <div style="border: 1px solid black; padding: 2px;">  </div> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<b>5. Was ... paid by the hour on this job?</b>	<div style="border: 1px solid black; padding: 2px;">2026</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to 7a </div> </div>
<b>6. What was ...'s regular hourly pay rate at the end of</b> <i>(Read last month or "to" date in item 3b)?</i>	<div style="border: 1px solid black; padding: 2px;">2028</div> \$ <div style="border: 1px solid black; padding: 2px;">  </div> . <div style="border: 1px solid black; padding: 2px;">  </div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E5
<b>7a. During the 4-month period how often was ... paid on this job?</b>	<div style="border: 1px solid black; padding: 2px;">2029</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Once a week  2 <input type="checkbox"/> Once each 2 weeks  3 <input type="checkbox"/> Once a month  4 <input type="checkbox"/> Twice a month  5 <input type="checkbox"/> Unpaid in family business or farm — SKIP to Check Item E5  6 <input type="checkbox"/> Some other way — Specify _____ </div> </div>
<b>b. On what date was ... last paid during this 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2030</div> <div style="border: 1px solid black; padding: 2px;">  </div> / <div style="border: 1px solid black; padding: 2px;">  </div> Month <div style="border: 1px solid black; padding: 2px;">2031</div> <div style="border: 1px solid black; padding: 2px;">  </div> / <div style="border: 1px solid black; padding: 2px;">  </div> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part A1 — EMPLOYER IDENTIFICATION NUMBER 1(Continued)

#### 8a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2032 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER  
USE ONLY

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

2 MONTHS AGO

2034 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

3 MONTHS AGO

2036 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

4 MONTHS AGO

2038 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

#### CHECK ITEM E4

Is "DK" marked in all parts of item 8a?

2040 1 ☐ Yes  
2 ☐ No — SKIP to 9a

8b. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2042 1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 3a  
2 ☐ No

9a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

2044 1 ☐ Yes — SKIP to Check Item E5  
2 ☐ No

b. Is (was) . . . covered by a union or employee association contract?

2046 1 ☐ Yes  
2 ☐ No

#### CHECK ITEM E5

Number of employers in item 1b, page 13?

2048 1 ☐ 1 employer — SKIP to Check Item E8, page 17  
2 ☐ 2 or more employers



## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part A2 — EMPLOYER IDENTIFICATION NUMBER 2

<b>10a. What is the name of the other employer for whom . . . worked during this 4-month period?</b> <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Employer name <div style="border: 1px solid black; padding: 2px;">2100</div>
<div style="background-color: black; color: white; padding: 2px; display: inline-block;"><b>CHECK ITEM E6</b></div> Enter number "2" for this employer in box. →	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Employer I.D. No. <div style="border: 1px solid black; padding: 2px;">2102</div>
<b>10b. What kind of business or industry was (Name of company or business)?</b> <b>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b>  ASK OR VERIFY — <b>c. Is it mainly —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2105</div>  <div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2106</div> <div style="display: flex; justify-content: space-between;"> <div>1 <input type="checkbox"/> Manufacturing?</div> <div>2 <input type="checkbox"/> Wholesale Trade?</div> </div> <div style="display: flex; justify-content: space-between;"> <div>3 <input type="checkbox"/> Retail Trade?</div> <div>4 <input type="checkbox"/> Some other kind of business?</div> </div>
<b>d. What kind of work was . . . doing on this job?</b> <b>For example: Electrical engineer, stock clerk, typist, farmer</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2108</div>
<b>e. What were . . . 's main activities or duties on this job?</b> <b>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2110</div>
ASK OR VERIFY — <b>f. Was . . . an employee of —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2112</div> <div style="display: flex; justify-content: space-between;"> <div>1 <input type="checkbox"/> A private for-profit company or individual?</div> <div>2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?</div> </div> <div style="display: flex; justify-content: space-between;"> <div>3 <input type="checkbox"/> Federal government (exclude Armed Forces)?</div> <div>4 <input type="checkbox"/> State government?</div> </div> <div style="display: flex; justify-content: space-between;"> <div>5 <input type="checkbox"/> Local government?</div> <div>6 <input type="checkbox"/> Armed Forces?</div> </div> <div>7 <input type="checkbox"/> Unpaid in family business or farm?</div>
ASK OR VERIFY — <b>11a. Was . . . employed by (Name of employer) during the entire 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 7</div> <div style="border: 1px solid black; padding: 2px;">2114</div> <div style="display: flex; justify-content: space-between;"> <div>1 <input type="checkbox"/> Yes — SKIP to 12</div> <div>2 <input type="checkbox"/> No</div> </div>
<b>b. When was . . . employed by (Name of employer) during this 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2116</div> FROM <div style="border: 1px solid black; padding: 2px;">  </div> Month <div style="border: 1px solid black; padding: 2px;">2118</div> <div style="border: 1px solid black; padding: 2px;">  </div> Day <div style="border: 1px solid black; padding: 2px;">2120</div> TO <div style="border: 1px solid black; padding: 2px;">  </div> Month <div style="border: 1px solid black; padding: 2px;">2122</div> <div style="border: 1px solid black; padding: 2px;">  </div> Day
<div style="background-color: black; color: white; padding: 2px; display: inline-block;"><b>CHECK ITEM E6.1</b></div> Did . . . stop working for this employer during the reference period?	<div style="border: 1px solid black; padding: 2px;">2123</div> <div style="display: flex; justify-content: space-between;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to 12</div> </div>
<b>11c. What is the main reason . . . stopped working for (name of employer)?</b>	<div style="border: 1px solid black; padding: 2px;">2124</div> <div style="display: flex; justify-content: space-between;"> <div>1 <input type="checkbox"/> Laid off</div> <div>5 <input type="checkbox"/> Quit to take another job</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2 <input type="checkbox"/> Retired</div> <div>6 <input type="checkbox"/> Quit for some other reason</div> </div> <div style="display: flex; justify-content: space-between;"> <div>3 <input type="checkbox"/> Discharged</div> <div></div> </div> <div>4 <input type="checkbox"/> Job was temporary and ended</div>
ASK OR VERIFY — <b>12. How many hours per week did . . . usually work at this job?</b>	<div style="border: 1px solid black; padding: 2px;">2125</div> <div style="border: 1px solid black; padding: 2px;">  </div> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<b>13. Was . . . paid by the hour on this job?</b>	<div style="border: 1px solid black; padding: 2px;">2126</div> <div style="display: flex; justify-content: space-between;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to 15a</div> </div>
<b>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</b>	<div style="border: 1px solid black; padding: 2px;">2128</div> \$ <div style="border: 1px solid black; padding: 2px;">  </div> <div style="border: 1px solid black; padding: 2px;">  </div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E8
<b>15a. During the 4-month period how often was . . . paid on this job?</b>	<div style="border: 1px solid black; padding: 2px;">2129</div> <div style="display: flex; justify-content: space-between;"> <div>1 <input type="checkbox"/> Once a week</div> <div>2 <input type="checkbox"/> Once each 2 weeks</div> </div> <div style="display: flex; justify-content: space-between;"> <div>3 <input type="checkbox"/> Once a month</div> <div>4 <input type="checkbox"/> Twice a month</div> </div> <div>5 <input type="checkbox"/> Unpaid in family business or farm — SKIP to Check Item E8</div> <div>6 <input type="checkbox"/> Some other way — Specify _____</div>
<b>b. On what date was . . . last paid during this 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2130</div> <div style="border: 1px solid black; padding: 2px;">  </div> Month <div style="border: 1px solid black; padding: 2px;">2131</div> <div style="border: 1px solid black; padding: 2px;">  </div> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part A2 — EMPLOYER IDENTIFICATION NUMBER 2(Continued)

#### 16a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2132 \$  . 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER  
USE ONLY

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

2 MONTHS AGO

2134 \$  . 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

3 MONTHS AGO

2136 \$  . 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

4 MONTHS AGO

2138 \$  . 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

#### CHECK ITEM E7

Is "DK" marked in all parts of item 16a?

2140 1 ☐ Yes  
2 ☐ No — SKIP to 17a

16b. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2142 1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 3b  
2 ☐ No

17a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

2144 1 ☐ Yes — SKIP to Check Item E8  
2 ☐ No

b. Is (was) . . . covered by a union or employee association contract?

2146 1 ☐ Yes  
2 ☐ No

#### CHECK ITEM E8

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13?

2148 1 ☐ Yes — Read Statement B  
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

**STATEMENT B** → You said . . . was (also) self-employed during this 4-month period.

<b>1a. What was the name of . . . 's business/professional practice/farm?</b> <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 20. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Business name <div style="border: 1px solid black; padding: 2px;">2200</div>								
<div style="border: 1px solid black; padding: 2px;">CHECK ITEM S1</div> Enter number "1" for this business in box. →	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Business I.D. No. <div style="border: 1px solid black; padding: 2px;">2201</div> <input type="checkbox"/>								
<b>1b. What kind of business was this?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2204</div>								
ASK OR VERIFY — <b>c. Is it mainly —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2206</div> 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?								
<b>d. What kind of work was . . . doing on this job?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2208</div>								
<b>e. What were . . . 's most important activities or duties on this job?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2210</div>								
ASK OR VERIFY — <b>f. How many hours per week did . . . usually work at this business?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 7</div> <div style="border: 1px solid black; padding: 2px;">2212</div> <input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK								
<b>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b> <i>Gross earnings include sales and receipts before expenses.</i>	<div style="border: 1px solid black; padding: 2px;">2214</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 10 x1 <input type="checkbox"/> DK								
<div style="border: 1px solid black; padding: 2px;">CHECK ITEM S2</div> Have questions 3 — 5b already been answered for this business by another household member?	<div style="border: 1px solid black; padding: 2px;">2216</div> 1 <input type="checkbox"/> Yes — SKIP to 6a 2 <input type="checkbox"/> No								
<b>3. What was the total number of employees working for this business? Be sure to include . . .</b> <i>Enter 999 if more than 1,000 employees.</i>	<div style="border: 1px solid black; padding: 2px;">2218</div> <input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK								
<b>4a. Was . . . 's business incorporated?</b>	<div style="border: 1px solid black; padding: 2px;">2220</div> 1 <input type="checkbox"/> Yes — SKIP to 5a 2 <input type="checkbox"/> No								
<b>b. Was . . . 's business a sole proprietorship or a partnership?</b>	<div style="border: 1px solid black; padding: 2px;">2222</div> 1 <input type="checkbox"/> Sole proprietorship — SKIP to 6a 2 <input type="checkbox"/> Partnership								
<b>5a. Aside from . . . were any other members of this household owners or partners in this business?</b>	<div style="border: 1px solid black; padding: 2px;">2224</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a								
<b>b. Which members?</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: center;">Person No.</th> <th style="width: 60%; text-align: center;">Name</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; padding: 2px;">2226</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">2228</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">2230</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	Person No.	Name	2226	<input type="text"/> <input type="text"/> <input type="text"/>	2228	<input type="text"/> <input type="text"/> <input type="text"/>	2230	<input type="text"/> <input type="text"/> <input type="text"/>
Person No.	Name								
2226	<input type="text"/> <input type="text"/> <input type="text"/>								
2228	<input type="text"/> <input type="text"/> <input type="text"/>								
2230	<input type="text"/> <input type="text"/> <input type="text"/>								
<b>6a. Was . . . paid a regular salary from this business during the 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2232</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
<b>b. Did . . . receive any (other) income from the business during this 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2234</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
<div style="border: 1px solid black; padding: 2px;">CHECK ITEM S3</div> Is "Yes" marked in either item 6a or 6b?	<div style="border: 1px solid black; padding: 2px;">2236</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S5								

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

7. READ STATEMENT ONLY ONCE PER RESPONDENT.		INTERVIEWER USE ONLY	
<p>The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.</p> <p>What was the total amount of income that . . . received from this business in (Read each month)?</p> <p style="text-align: center; font-size: 1.5em;">★</p>		<p style="text-align: center;">LAST MONTH</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>2238</span> <span>\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em;"></span> 00</span> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </div> </div>	<div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">TOTAL \$ .00</div>
		<p style="text-align: center;">2 MONTHS AGO</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>2240</span> <span>\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em;"></span> 00</span> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </div> </div>	<div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">TOTAL \$ .00</div>
		<p style="text-align: center;">3 MONTHS AGO</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>2242</span> <span>\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em;"></span> 00</span> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </div> </div>	<div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">TOTAL \$ .00</div>
		<p style="text-align: center;">4 MONTHS AGO</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>2244</span> <span>\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em;"></span> 00</span> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </div> </div>	<div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">\$ .00</div> <div style="margin-bottom: 5px;">TOTAL \$ .00</div>
<b>CHECK ITEM S4</b>	Is "DK" marked in all parts of item 7?	<div style="display: flex; justify-content: space-between;"> <div>                     2246                      1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No — SKIP to Check Item S5                 </div> </div>	
<b>8. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)</b>		<div style="display: flex; justify-content: space-between;"> <div>                     2248                      1 <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 4a                      2 <input type="checkbox"/> No                 </div> </div>	
<b>CHECK ITEM S5</b>	Refer to item 4a, page 18. Is this business incorporated?	<div style="display: flex; justify-content: space-between;"> <div>                     2250                      1 <input type="checkbox"/> Yes — SKIP to 11                      2 <input type="checkbox"/> No                 </div> </div>	
<b>CHECK ITEM S6</b>	Has information about the net profit (or loss) for this business already been obtained by another household member?	<div style="display: flex; justify-content: space-between;"> <div>                     2252                      1 <input type="checkbox"/> Yes — SKIP to 11                      2 <input type="checkbox"/> No                 </div> </div>	
<b>9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business during the 4-month period?</b>		<div style="display: flex; justify-content: space-between;"> <div>                     2254                      1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No — SKIP to 11                 </div> </div>	
<b>b. What was the net profit or loss?</b> If "broke even," mark \$1 in box.		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">                     2256                      \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em;"></span> 00                      2258                      x4 <input type="checkbox"/> Loss in amount box                 </div> <div style="font-size: 2em;">}</div> <div>                     SKIP to 11                 </div> </div>	
<b>10. About how much did . . . earn from this business after expenses during the 4-month period?</b>		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>2260</span> <span>\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em;"></span> 00</span> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </div> </div>	
<b>11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?</b>		<div style="display: flex; justify-content: space-between;"> <div>                     2262                      1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No — SKIP to first ISS Code or Check Item P1, page 45                 </div> </div>	

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

**12a. What was the name of . . . 's other business/ professional practice/farm?**

*(If self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)*

PGM 8

Business name

2300

**CHECK  
ITEM S7**

Enter number "2" for this business in box. →

PGM 8

Business I.D. No.

2301

**12b. What kind of business was this?**

PGM 8

2304

*ASK OR VERIFY —*

**c. Is it mainly —**

PGM 8

2306

1 ☐ **Manufacturing?**

2 ☐ **Wholesale Trade?**

3 ☐ **Retail Trade?**

4 ☐ **Some other kind of business?**

**d. What kind of work was . . . doing on this job?**

PGM 8

2308

**e. What were . . . 's most important activities or duties on this job?**

PGM 8

2310

**f. How many hours per week did . . . usually work at this business?**

PGM 7

2312

Hours

x3 ☐ None

x1 ☐ DK

**13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?**

*Gross earnings include sales and receipts before expenses.*

2314

1 ☐ Yes

2 ☐ No — *SKIP to 21*

x1 ☐ DK

**CHECK  
ITEM S8**

Have questions 14—16b already been answered for this business by another household member?

2316

1 ☐ Yes — *SKIP to 17a*

2 ☐ No

**14. What was the total number of employees working for this business? Be sure to include . . .**

*Enter 999 if more than 1,000 employees.*

2318

Employees

x1 ☐ DK

**15a. Was . . . 's business incorporated?**

2320

1 ☐ Yes — *SKIP to 16a*

2 ☐ No

**b. Was . . . 's business a sole proprietorship or a partnership?**

2322

1 ☐ Sole proprietorship — *SKIP to 17a*

2 ☐ Partnership

**16a. Aside from . . . were any other members of this household owners or partners in this business?**

2324

1 ☐ Yes

2 ☐ No — *SKIP to 17a*

**b. Which members?**

Person No.

Name

2326

2328

2330

**17a. Was . . . paid a regular salary from this business during the 4-month period?**

2332

1 ☐ Yes

2 ☐ No

**b. Did . . . receive any (other) income from the business during this 4-month period?**

2334

1 ☐ Yes

2 ☐ No

**CHECK  
ITEM S9**

Is "Yes" marked in either item 17a or 17b?

2336

1 ☐ Yes

2 ☐ No — *SKIP to Check Item S11*

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

#### 18. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



LAST MONTH

2338 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

INTERVIEWER USE ONLY	
\$	.00
\$	.00
\$	.00
\$	.00
TOTAL \$	.00

2 MONTHS AGO

2340 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$	.00
\$	.00
\$	.00
\$	.00
TOTAL \$	.00

3 MONTHS AGO

2342 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$	.00
\$	.00
\$	.00
\$	.00
TOTAL \$	.00

4 MONTHS AGO

2344 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$	.00
\$	.00
\$	.00
\$	.00
TOTAL \$	.00

#### CHECK ITEM S10

Is "DK" marked in all parts of item 18?

- 2346 1 ☐ Yes  
2 ☐ No — SKIP to Check Item S11

19. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

- 2348 1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 4b  
2 ☐ No

#### CHECK ITEM S11

Refer to item 15a, page 20.  
Is this business incorporated?

- 2350 1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 45  
2 ☐ No

#### CHECK ITEM S12

Has information about the net profit (or loss) for this business already been obtained by another household member?

- 2352 1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 45  
2 ☐ No

20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business during the 4-month period?

- 2354 1 ☐ Yes  
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

b. What was the net profit or loss?

If "broke even," mark \$1 in box.

2356 \$  .  00

2358 x4 ☐ Loss in amount box

SKIP to first ISS Code or Check Item P1, page 45

21. About how much did . . . earn from this business after expenses during the 4-month period?

2360 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

SKIP to first ISS Code or Check Item P1, page 45

# Section 3 – AMOUNTS

## Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>		Income code <div>3000</div> <div></div>	Name of income type <div></div>
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<div>3002</div> <div> <input type="checkbox"/> ISS code 1 or 2 (SS or RR)  <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 24  <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 24  <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4  <input type="checkbox"/> Other ISS codes – SKIP to 5a         </div>	
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<div>3004</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to Check Item A3         </div>	
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		<div>3006</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to Check Item A3         </div>	
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<div>3008</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to 9a         </div>	
<b>CHECK ITEM A3</b>	Is . . . married?	<div>3010</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to 5a         </div>	
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		<div>3012</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to 5a         </div>	
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<div>3014</div> <div> <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45  <input type="checkbox"/> No         </div>	
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.		<b>5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b>	
(Last month) . . . . .		<div>3016</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No            x1 <input type="checkbox"/> DK         </div>	<div>3018</div> <div> <div>\$</div> <div></div> <div>00</div> <div>           x1 <input type="checkbox"/> DK            x2 <input type="checkbox"/> Ref.         </div> </div>
(2 months ago) . . . . .		<div>3020</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No            x1 <input type="checkbox"/> DK         </div>	<div>3022</div> <div> <div>\$</div> <div></div> <div>00</div> <div>           x1 <input type="checkbox"/> DK            x2 <input type="checkbox"/> Ref.         </div> </div>
(3 months ago) . . . . .		<div>3024</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No            x1 <input type="checkbox"/> DK         </div>	<div>3026</div> <div> <div>\$</div> <div></div> <div>00</div> <div>           x1 <input type="checkbox"/> DK            x2 <input type="checkbox"/> Ref.         </div> </div>
(4 months ago) . . . . .		<div>3028</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No            x1 <input type="checkbox"/> DK         </div>	<div>3030</div> <div> <div>\$</div> <div></div> <div>00</div> <div>           x1 <input type="checkbox"/> DK            x2 <input type="checkbox"/> Ref.         </div> </div>
<b>CHECK ITEM A5</b>	Mark (X) income type code.	<div>3032</div> <div> <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8a  <input type="checkbox"/> ISS code 8 or 20 through 24  <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 45         </div>	
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<div>3034</div> <div> <input type="checkbox"/> Yes – SKIP to Check Item A6  <input type="checkbox"/> No         </div>	
NOTES			

Section 3 — AMOUNTS (Continued)		
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)		
<b>6b. Which persons were covered?</b>	Person No.	Name
	3036	
	3038	
	3040	
	3042	
	3044	
	3046	
	3048	
	3050	
	3052	
3054		
<b>CHECK ITEM A6</b>	Is this ISS code "8"?	3056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
<b>7a. What type of Veterans' payments did . . . receive?</b>	3058	Service connected 1 <input type="checkbox"/> Disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
<b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	3060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 45
(SHOW FLASHCARD O) <b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	3064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>	3066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>CHECK ITEM A7</b>	Refer to item 2, page 22. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3068 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
<b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b> NOTE — Social Security payments may be adjusted for inflation each January. (Last month) . . . . .  (2 months ago) . . . . .  (3 months ago) . . . . .  (4 months ago) . . . . .	3070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>9b. If "Yes" in item 9a — How much was received?</b> 3072 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 3076 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 3080 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 3084 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
	3078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
	3082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
	3086 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No	



### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

**10b. Which children were covered?**

	Person No.	Name
3088	<input type="text"/>	<input type="text"/>
3090	<input type="text"/>	<input type="text"/>
3092	<input type="text"/>	<input type="text"/>
3094	<input type="text"/>	<input type="text"/>
3096	<input type="text"/>	<input type="text"/>
3098	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 45**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

3100 1 ☐ Yes — SKIP to 12a  
2 ☐ No

**b. Which persons were covered?**

	Person No.	Name
3102	<input type="text"/>	<input type="text"/>
3104	<input type="text"/>	<input type="text"/>
3106	<input type="text"/>	<input type="text"/>
3108	<input type="text"/>	<input type="text"/>
3110	<input type="text"/>	<input type="text"/>
3112	<input type="text"/>	<input type="text"/>
3114	<input type="text"/>	<input type="text"/>
3116	<input type="text"/>	<input type="text"/>

**12a. Did ... receive food stamps in (Read each month)?**

NOTE: Food stamp benefits may be adjusted for inflation in July and October.

(Last month) .....

3122 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2 months ago) .....

3126 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(3 months ago) .....

3130 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(4 months ago) .....

3134 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**12b. If "Yes" in item 12a, ask — What was the total amount?**

3124 \$  .  00

x1 ☐ DK  
x2 ☐ Ref.

3128 \$  .  00

x1 ☐ DK  
x2 ☐ Ref.

3132 \$  .  00

x1 ☐ DK  
x2 ☐ Ref.

3136 \$  .  00

x1 ☐ DK  
x2 ☐ Ref.

**SKIP to next ISS Code or Check Item P1, page 45**

**13a. Did ... receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

3138 1 ☐ Last month  
3140 2 ☐ 2 months ago  
3142 3 ☐ 3 months ago  
3144 4 ☐ 4 months ago

**b. Which persons were covered?**

	Person No.	Name
3146	<input type="text"/>	<input type="text"/>
3148	<input type="text"/>	<input type="text"/>
3150	<input type="text"/>	<input type="text"/>
3152	<input type="text"/>	<input type="text"/>
3154	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 45**

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i>	<div style="display: flex; justify-content: space-between;"> <div>Income code</div> <div>Name of income type</div> </div> <div style="border: 1px solid black; padding: 2px;"> <b>3200</b>    <span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px;"></span> </div>
<b>CHECK ITEM A1</b> Mark (X) income type code.	<div style="border: 1px solid black; padding: 2px;"> <b>3202</b>    1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR)                      2 <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 13a, page 27                      3 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 11a, page 27                      4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4                      5 <input type="checkbox"/> Other ISS codes — SKIP to 5a         </div>
<b>CHECK ITEM A2</b> Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<div style="border: 1px solid black; padding: 2px;"> <b>3204</b>    1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No — SKIP to Check Item A3         </div>
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>3206</b>    1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No — SKIP to Check Item A3         </div>
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>3208</b>    1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No — SKIP to 9a         </div>
<b>CHECK ITEM A3</b> Is . . . married?	<div style="border: 1px solid black; padding: 2px;"> <b>3210</b>    1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No — SKIP to 5a         </div>
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>3212</b>    1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No — SKIP to 5a         </div>
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<div style="border: 1px solid black; padding: 2px;"> <b>3214</b>    1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45                      2 <input type="checkbox"/> No         </div>
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.	<div style="border: 1px solid black; padding: 2px;"> <b>5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b> </div>
(Last month) . . . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <b>3216</b>    1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK         </div> <div style="border: 1px solid black; padding: 2px;"> <b>3218</b>    \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.         </div> </div>
(2 months ago) . . . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <b>3220</b>    1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK         </div> <div style="border: 1px solid black; padding: 2px;"> <b>3222</b>    \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.         </div> </div>
(3 months ago) . . . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <b>3224</b>    1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK         </div> <div style="border: 1px solid black; padding: 2px;"> <b>3226</b>    \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.         </div> </div>
(4 months ago) . . . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <b>3228</b>    1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK         </div> <div style="border: 1px solid black; padding: 2px;"> <b>3230</b>    \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.         </div> </div>
<b>CHECK ITEM A5</b> Mark (X) income type code.	<div style="border: 1px solid black; padding: 2px;"> <b>3232</b>    1 <input type="checkbox"/> ISS code 1 or 2 — SKIP to 8a                      2 <input type="checkbox"/> ISS code 8 or 20 through 24                      3 <input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 45         </div>
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>3234</b>    1 <input type="checkbox"/> Yes — SKIP to Check Item A6                      2 <input type="checkbox"/> No         </div>

NOTES

Section 3 — AMOUNTS (Continued)			
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)			
6b. Which persons were covered?	Person No.	Name	
	3236		
	3238		
	3240		
	3242		
	3244		
	3246		
	3248		
	3250		
	3252		
3254			
CHECK ITEM A6	Is this ISS code "8"?	3256 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45	
7a. What type of Veterans' payments did . . . receive?	3258	Service connected 1 <input type="checkbox"/> Disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments	
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3260	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 45	
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3264	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
b. Do . . . 's payments usually come on the first of the month or the third?	3266	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
CHECK ITEM A7	Refer to item 2, page 25. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3268 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45	
9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE — Social Security payments may be adjusted for inflation each January. (Last month) . . . . .  (2 months ago) . . . . .  (3 months ago) . . . . .  (4 months ago) . . . . .	3270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a — How much was received? 3272 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 3276 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 3280 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 3284 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	3274 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		
	3278 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		
	3282 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		
VERIFY IF ONLY ONE CHILD OR ASK — 10a. Were all children living here covered by these payments?	3286	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No	

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

**10b. Which children were covered?**

	Person No.	Name
<b>3288</b>	<input type="text"/>	<input type="text"/>
<b>3290</b>	<input type="text"/>	<input type="text"/>
<b>3292</b>	<input type="text"/>	<input type="text"/>
<b>3294</b>	<input type="text"/>	<input type="text"/>
<b>3296</b>	<input type="text"/>	<input type="text"/>
<b>3298</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 45**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3300**    1 ☐ Yes — *SKIP to 12a*  
                   2 ☐ No

**b. Which persons were covered?**

	Person No.	Name
<b>3302</b>	<input type="text"/>	<input type="text"/>
<b>3304</b>	<input type="text"/>	<input type="text"/>
<b>3306</b>	<input type="text"/>	<input type="text"/>
<b>3308</b>	<input type="text"/>	<input type="text"/>
<b>3310</b>	<input type="text"/>	<input type="text"/>
<b>3312</b>	<input type="text"/>	<input type="text"/>
<b>3314</b>	<input type="text"/>	<input type="text"/>
<b>3316</b>	<input type="text"/>	<input type="text"/>

**12a. Did ... receive food stamps in (Read each month)?**

NOTE: Food stamp benefits may be adjusted for inflation in July and October.

(Last month) .....

**3322**    1 ☐ Yes  
                   2 ☐ No  
                   x1 ☐ DK

(2 months ago) .....

**3326**    1 ☐ Yes  
                   2 ☐ No  
                   x1 ☐ DK

(3 months ago) .....

**3330**    1 ☐ Yes  
                   2 ☐ No  
                   x1 ☐ DK

(4 months ago) .....

**3334**    1 ☐ Yes  
                   2 ☐ No  
                   x1 ☐ DK

**12b. If "Yes" in item 12a, ask — What was the total amount?**

**3324**    \$  .  00  
                   x1 ☐ DK  
                   x2 ☐ Ref.

**3328**    \$  .  00  
                   x1 ☐ DK  
                   x2 ☐ Ref.

**3332**    \$  .  00  
                   x1 ☐ DK  
                   x2 ☐ Ref.

**3336**    \$  .  00  
                   x1 ☐ DK  
                   x2 ☐ Ref.

**SKIP to next ISS Code or Check Item P1, page 45**

**13a. Did ... receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

**3338**    1 ☐ Last month  
**3340**    2 ☐ 2 months ago  
**3342**    3 ☐ 3 months ago  
**3344**    4 ☐ 4 months ago

**b. Which persons were covered?**

	Person No.	Name
<b>3346</b>	<input type="text"/>	<input type="text"/>
<b>3348</b>	<input type="text"/>	<input type="text"/>
<b>3350</b>	<input type="text"/>	<input type="text"/>
<b>3352</b>	<input type="text"/>	<input type="text"/>
<b>3354</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 45**

Section 3 – AMOUNTS		
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)		
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>		Income code <b>3400</b> <input type="text"/> <input type="text"/>
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<b>3402</b> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 30 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 30 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to 5a
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<b>3404</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		<b>3406</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<b>3408</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a
<b>CHECK ITEM A3</b>	Is . . . married?	<b>3410</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		<b>3412</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<b>3414</b> 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.		<b>5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b>
(Last month) . . . . .	<b>3416</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3418</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	<b>3420</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3422</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	<b>3424</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3426</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	<b>3428</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3430</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3432</b> 1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8a 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 45
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<b>3434</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
NOTES		

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

**6b. Which persons were covered?**

Person No.

Name

<b>3436</b>	[ ]	[ ]	[ ]	
<b>3438</b>	[ ]	[ ]	[ ]	
<b>3440</b>	[ ]	[ ]	[ ]	
<b>3442</b>	[ ]	[ ]	[ ]	
<b>3444</b>	[ ]	[ ]	[ ]	
<b>3446</b>	[ ]	[ ]	[ ]	
<b>3448</b>	[ ]	[ ]	[ ]	
<b>3450</b>	[ ]	[ ]	[ ]	
<b>3452</b>	[ ]	[ ]	[ ]	
<b>3454</b>	[ ]	[ ]	[ ]	

**CHECK  
ITEM A6**

Is this ISS code "8"?

**3456** 1 ☐ Yes  
 2 ☐ No — *SKIP to next ISS Code or  
Check Item P1, page 45*

**7a. What type of Veterans' payments did . . . receive?**

**3458** Service connected  
 1 ☐ Disability compensation  
 2 ☐ Survivor benefits  
 3 ☐ Veterans' pension  
 4 ☐ Other Veterans' payments

**b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?**

**3460** 1 ☐ Yes  
 2 ☐ No  
 x1 ☐ DK } *SKIP to next ISS Code or  
Check Item P1, page 45*

(SHOW FLASHCARD O)

**8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)**

**3464** 1 ☐ Blue  
 2 ☐ Buff  
 3 ☐ Direct Deposit  
 4 ☐ Other  
 x1 ☐ DK

**b. Do . . . 's payments usually come on the first of the month or the third?**

**3466** 1 ☐ First  
 2 ☐ Third  
 3 ☐ Other  
 x1 ☐ DK

**CHECK  
ITEM A7**

Refer to item 2, page 28.

Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

**3468** 1 ☐ Yes  
 2 ☐ No — *SKIP to next ISS Code or  
Check Item P1, page 45*

**9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?**

NOTE — Social Security payments may be adjusted for inflation each January.

(Last month) . . . . .

**3470** 1 ☐ Yes  
 2 ☐ No  
 x1 ☐ DK

(2 months ago) . . . . .

**3474** 1 ☐ Yes  
 2 ☐ No  
 x1 ☐ DK

(3 months ago) . . . . .

**3478** 1 ☐ Yes  
 2 ☐ No  
 x1 ☐ DK

(4 months ago) . . . . .

**3482** 1 ☐ Yes  
 2 ☐ No  
 x1 ☐ DK

**9b. If "Yes" in item 9a — How much was received?**

**3472** \$ [ ] . 00  
 x1 ☐ DK  
 x2 ☐ Ref.

**3476** \$ [ ] . 00  
 x1 ☐ DK  
 x2 ☐ Ref.

**3480** \$ [ ] . 00  
 x1 ☐ DK  
 x2 ☐ Ref.

**3484** \$ [ ] . 00  
 x1 ☐ DK  
 x2 ☐ Ref.

**10a. Were all children living here covered by these payments?**

**3486** 1 ☐ Yes — *SKIP to next ISS Code or  
Check Item P1, page 45*  
 2 ☐ No

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)		
<b>10b. Which children were covered?</b>	Person No.	Name
	3488	
	3490	
	3492	
	3494	
	3496	
	3498	
SKIP to next ISS Code or Check Item P1, page 45		
<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	3500	1 <input type="checkbox"/> Yes — SKIP to 12a 2 <input type="checkbox"/> No
<b>b. Which persons were covered?</b>	Person No.	Name
	3502	
	3504	
	3506	
	3508	
	3510	
	3512	
3514		
3516		
<b>12a. Did ... receive food stamps in (Read each month)?</b>  NOTE: Food stamp benefits may be adjusted for inflation July and October.  (Last month) .....  (2 months ago) .....  (3 months ago) .....  (4 months ago) .....	3522 3526 3530 3534	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>12b. If "Yes" in item 12a, ask — What was the total amount?</b>		
3524	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
3528	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
3532	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
3536	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
SKIP to next ISS Code or Check Item P1, page 45		
<b>13a. Did ... receive any WIC benefits in (Read each month)?</b>  Mark (X) all that apply.	3538 3540 3542 3544	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago
<b>b. Which persons were covered?</b>	Person No.	Name
	3546	
	3548	
	3550	
	3552	
3554		
SKIP to next ISS Code or Check Item P1, page 45		

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

**1. You said . . . received (was authorized to receive)**  
(Read name of income type) **during the 4-month**  
**period.**

(Read "was authorized to receive" if asking  
about Food Stamps — code 27.)

Income code

Name of income type

**3600**

**CHECK  
ITEM A1**

Mark (X) income type code.

**3602**

- 1 ☐ ISS code 1 or 2 (SS or RR)  
2 ☐ ISS code 25 (WIC) — *SKIP to 13a, page 33*  
3 ☐ ISS code 27 (Food Stamps) — *SKIP to 11a, page 33*  
4 ☐ ISS codes 37, 50, 51, 52, 53, or 56 — *SKIP to Check Item A4*  
5 ☐ Other ISS codes — *SKIP to 5a*

**CHECK  
ITEM A2**

Refer to cc item 27.

Is . . . a designated parent, or guardian  
of children under age 18?

**3604**

- 1 ☐ Yes  
2 ☐ No — *SKIP to Check Item A3*

**2. During this 4-month period, were any separate**  
**payments from (Social Security/Railroad**  
**Retirement) received especially for . . . 's children?**

**3606**

- 1 ☐ Yes  
2 ☐ No — *SKIP to Check Item A3*

**3. Did . . . also receive a separate payment for**  
**(himself/herself) during any of these months?**

**3608**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 9a*

**CHECK  
ITEM A3**

Is . . . married?

**3610**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 5a*

**4. Did . . . receive (Social Security/Railroad**  
**Retirement) jointly with . . . 's spouse?**

**3612**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 5a*

**CHECK  
ITEM A4**

Has information about the amount received  
by . . . from the income source entered in  
item 1 already been recorded during an  
interview for . . . 's spouse?

**3614**

- 1 ☐ Yes — *SKIP to next ISS Code or Check Item P1, page 45*  
2 ☐ No

**5a. Did . . . receive any** (Read name of income type) **in**  
(Read each month)?

NOTE — Some persons receive more than one  
payment per month for certain income types such  
as Unemployment Compensation and AFDC.  
Social Security and SSI payments may be adjusted  
for inflation each January.

**5b. How much did . . . receive**  
**in** (Read each month marked  
"Yes" in item 5a)? **Please**  
**answer by giving the total**  
**amount each month**  
**before any deductions**  
**(including deductions for**  
**Medicare premiums).**

(Last month) . . . . .

**3616**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3618**

\$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

**3620**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3622**

\$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

**3624**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3626**

\$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

**3628**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3630**

\$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**CHECK  
ITEM A5**

Mark (X) income type code.

**3632**

- 1 ☐ ISS code 1 or 2 — *SKIP to 8a*  
2 ☐ ISS code 8 or 20 through 24  
3 ☐ All other income codes — *SKIP to next ISS Code or Check Item P1, page 45*

**6a. Were all the people living here covered by . . . 's**  
**payments?**

**3634**

- 1 ☐ Yes — *SKIP to Check Item A6*  
2 ☐ No

NOTES



Section 3 – AMOUNTS (Continued)				
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)				
6b. Which persons were covered?	Person No.	Name		
	3636			
	3638			
	3640			
	3642			
	3644			
	3646			
	3648			
	3650			
	3652			
	3654			
	CHECK ITEM A6	Is this ISS code "8"?	3656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45	
7a. What type of Veterans' payments did . . . receive?	3658 Service connected 1 <input type="checkbox"/> Disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments			
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	} SKIP to next ISS Code or Check Item P1, page 45		
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3664 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK			
b. Do . . . 's payments usually come on the first of the month or the third?	3666 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK			
CHECK ITEM A7	Refer to item 2, page 31. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3668 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45		
9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE — Social Security payments may be adjusted for inflation each January. (Last month) . . . . .	3670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a — How much was received? 3672 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
	(2 months ago) . . . . .		3674 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3676 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago) . . . . .		3678 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3680 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(4 months ago) . . . . .		3682 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3684 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	10a. Were all children living here covered by these payments?		3686 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No	

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

**10b. Which children were covered?**

	Person No.	Name
<b>3688</b>	<input type="text"/>	<input type="text"/>
<b>3690</b>	<input type="text"/>	<input type="text"/>
<b>3692</b>	<input type="text"/>	<input type="text"/>
<b>3694</b>	<input type="text"/>	<input type="text"/>
<b>3696</b>	<input type="text"/>	<input type="text"/>
<b>3698</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 45**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3700** 1 ☐ Yes — *SKIP to 12a*  
2 ☐ No

**b. Which persons were covered?**

	Person No.	Name
<b>3702</b>	<input type="text"/>	<input type="text"/>
<b>3704</b>	<input type="text"/>	<input type="text"/>
<b>3706</b>	<input type="text"/>	<input type="text"/>
<b>3708</b>	<input type="text"/>	<input type="text"/>
<b>3710</b>	<input type="text"/>	<input type="text"/>
<b>3712</b>	<input type="text"/>	<input type="text"/>
<b>3714</b>	<input type="text"/>	<input type="text"/>
<b>3716</b>	<input type="text"/>	<input type="text"/>

**12a. Did ... receive food stamps in (Read each month)?**

NOTE: Food stamp benefits may be adjusted for inflation in July and October.

(Last month) .....

**3722** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2 months ago) .....

**3726** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(3 months ago) .....

**3730** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(4 months ago) .....

**3734** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**12b. If "Yes" in item 12a, ask — What was the total amount?**

**3724** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3728** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3732** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3736** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**SKIP to next ISS Code or Check Item P1, page 45**

**13a. Did ... receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

**3738** 1 ☐ Last month  
**3740** 2 ☐ 2 months ago  
**3742** 3 ☐ 3 months ago  
**3744** 4 ☐ 4 months ago

**b. Which persons were covered?**

	Person No.	Name
<b>3746</b>	<input type="text"/>	<input type="text"/>
<b>3748</b>	<input type="text"/>	<input type="text"/>
<b>3750</b>	<input type="text"/>	<input type="text"/>
<b>3752</b>	<input type="text"/>	<input type="text"/>
<b>3754</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 45**

Section 3 — AMOUNTS		
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)		
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps — code 27.)		Income code <b>3800</b> <input type="text"/> <input type="text"/>
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<b>3802</b> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 13a, page 36 3 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 11a, page 36 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes — SKIP to 5a
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<b>3804</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		<b>3806</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<b>3808</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a
<b>CHECK ITEM A3</b>	Is . . . married?	<b>3810</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		<b>3812</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<b>3814</b> 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.		<b>5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b>
(Last month) . . . . .	<b>3816</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3818</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	<b>3820</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3822</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	<b>3824</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3826</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	<b>3828</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3830</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3832</b> 1 <input type="checkbox"/> ISS code 1 or 2 — SKIP to 8a 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 45
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<b>3834</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item A6 2 <input type="checkbox"/> No
NOTES		

Section 3 — AMOUNTS (Continued)					
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)					
6b. Which persons were covered?	Person No.	Name			
	3836				
	3838				
	3840				
	3842				
	3844				
	3846				
	3848				
	3850				
	3852				
	3854				
	CHECK ITEM A6	Is this ISS code "8"?	3856 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45		
7a. What type of Veterans' payments did . . . receive?	3858	Service connected 1 <input type="checkbox"/> Disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments			
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3860	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 45			
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3864	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK			
b. Do . . . 's payments usually come on the first of the month or the third?	3866	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK			
CHECK ITEM A7	Refer to item 2, page 34. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3868 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45			
9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE — Social Security payments may be adjusted for inflation each January. (Last month) . . . . .	3870	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a — How much was received? 3872 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
	(2 months ago) . . . . .	3874		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3876 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago) . . . . .	3878		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3880 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(4 months ago) . . . . .	3882		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3884 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	10a. Were all children living here covered by these payments?	3886		1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No	

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
<b>10b. Which children were covered?</b>	Person No.	Name
	3888	
	3890	
	3892	
	3894	
	3896	
	3898	
SKIP to next ISS Code or Check Item P1, page 45		
<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	3900	1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No
<b>b. Which persons were covered?</b>	Person No.	Name
	3902	
	3904	
	3906	
	3908	
	3910	
	3912	
	3914	
	3916	
<b>12a. Did ... receive food stamps in (Read each month)?</b> NOTE: Food stamp benefits may be adjusted for inflation in July and October.  (Last month) .....  (2 months ago) .....  (3 months ago) .....  (4 months ago) .....	3922	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3926	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3930	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3934	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>12b. If "Yes" in item 12a, ask – What was the total amount?</b>		
	3924	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3928	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3932	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3936	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
SKIP to next ISS Code or Check Item P1, page 45		
<b>13a. Did ... receive any WIC benefits in (Read each month)?</b> Mark (X) all that apply.	3938	1 <input type="checkbox"/> Last month
	3940	2 <input type="checkbox"/> 2 months ago
	3942	3 <input type="checkbox"/> 3 months ago
	3944	4 <input type="checkbox"/> 4 months ago
<b>b. Which persons were covered?</b>	Person No.	Name
	3946	
	3948	
	3950	
	3952	
	3954	
SKIP to next ISS Code or Check Item P1, page 45		

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1–56)

<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>	<table style="width: 100%;"> <tr> <td style="width: 15%;">Income code</td> <td style="width: 85%;">Name of income type</td> </tr> <tr> <td><b>4000</b></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> </table>	Income code	Name of income type	<b>4000</b>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>						
Income code	Name of income type										
<b>4000</b>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>										
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<b>4002</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> ISS code 1 or 2 (SS or RR)</div> <div><input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 39</i></div> <div><input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 39</i></div> <div><input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i></div> <div><input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i></div> </div>										
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<b>4004</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to Check Item A3</i></div> </div>										
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>	<b>4006</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to Check Item A3</i></div> </div>										
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>4008</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to 9a</i></div> </div>										
<b>CHECK ITEM A3</b> <i>Is . . . married?</i>	<b>4010</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to 5a</i></div> </div>										
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>	<b>4012</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to 5a</i></div> </div>										
<b>CHECK ITEM A4</b> <i>Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</i>	<b>4014</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i></div> <div><input type="checkbox"/> No</div> </div>										
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.  Social Security and SSI payments may be adjusted for inflation each January.	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b> </div> <div style="width: 50%;"> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>4016</b></td> <td style="width: 50%;"><b>4018</b></td> </tr> <tr> <td> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div> </td> <td> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div> </td> </tr> <tr> <td> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div> </td> <td> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div> </td> </tr> <tr> <td> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div> </td> <td> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div> </td> </tr> <tr> <td> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div> </td> <td> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div> </td> </tr> </table> </div> </div>	<b>4016</b>	<b>4018</b>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>
<b>4016</b>	<b>4018</b>										
<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>										
<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>										
<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>										
<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">\$ . 00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>										
<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	<b>4032</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</i></div> <div><input type="checkbox"/> ISS code 8 or 20 through 24</div> <div><input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 45</i></div> </div>										
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>4034</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i></div> <div><input type="checkbox"/> No</div> </div>										
<b>NOTES</b>											

Section 3 — AMOUNTS (Continued)		
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)		
<b>6b. Which persons were covered?</b>	Person No.	Name
	4036	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	4038	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	4040	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	4042	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	4044	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	4046	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	4048	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	4050	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	4052	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	4054	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
<b>CHECK ITEM A6</b> Is this ISS code "8"?	4056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 45</i>
<b>7a. What type of Veterans' payments did ... receive?</b>	4058	Service connected 1 <input type="checkbox"/> Disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
<b>b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?</b>	4060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div>
<b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>  <b>b. Do ...'s payments usually come on the first of the month or the third?</b>	4064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>CHECK ITEM A7</b> Refer to item 2, page 37. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	4066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?</b> NOTE — Social Security payments may be adjusted for inflation each January. (Last month) .....	4070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago) .....	4074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago) .....	4078	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago) .....	4082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>9b. If "Yes" in item 9a — How much was received?</b>	4072	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	4076	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	4080	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	4084	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>10a. Were all children living here covered by these payments?</b>	4086	1 <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1—56) (Continued)

**10b. Which children were covered?**

	Person No.	Name
4088	<input type="text"/>	<input type="text"/>
4090	<input type="text"/>	<input type="text"/>
4092	<input type="text"/>	<input type="text"/>
4094	<input type="text"/>	<input type="text"/>
4096	<input type="text"/>	<input type="text"/>
4098	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 45**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

4100    1 ☐ Yes — *SKIP to 12a*  
           2 ☐ No

**b. Which persons were covered?**

	Person No.	Name
4102	<input type="text"/>	<input type="text"/>
4104	<input type="text"/>	<input type="text"/>
4106	<input type="text"/>	<input type="text"/>
4108	<input type="text"/>	<input type="text"/>
4110	<input type="text"/>	<input type="text"/>
4112	<input type="text"/>	<input type="text"/>
4114	<input type="text"/>	<input type="text"/>
4116	<input type="text"/>	<input type="text"/>

**12a. Did ... receive food stamps in (Read each month)?**

NOTE: Food stamp benefits may be adjusted for inflation in July and October.

(Last month) .....

4122    1 ☐ Yes  
           2 ☐ No  
           x1 ☐ DK

(2 months ago) .....

4126    1 ☐ Yes  
           2 ☐ No  
           x1 ☐ DK

(3 months ago) .....

4130    1 ☐ Yes  
           2 ☐ No  
           x1 ☐ DK

(4 months ago) .....

4134    1 ☐ Yes  
           2 ☐ No  
           x1 ☐ DK

**12b. If "Yes" in item 12a, ask — What was the total amount?**

4124    \$  .  00  
           x1 ☐ DK  
           x2 ☐ Ref.

4128    \$  .  00  
           x1 ☐ DK  
           x2 ☐ Ref.

4132    \$  .  00  
           x1 ☐ DK  
           x2 ☐ Ref.

4136    \$  .  00  
           x1 ☐ DK  
           x2 ☐ Ref.

**SKIP to next ISS Code or Check Item P1, page 45**

**13a. Did ... receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

4138    1 ☐ Last month  
 4140    2 ☐ 2 months ago  
 4142    3 ☐ 3 months ago  
 4144    4 ☐ 4 months ago

**b. Which persons were covered?**

	Person No.	Name
4146	<input type="text"/>	<input type="text"/>
4148	<input type="text"/>	<input type="text"/>
4150	<input type="text"/>	<input type="text"/>
4152	<input type="text"/>	<input type="text"/>
4154	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 45**



Section 3 — AMOUNTS (Continued)	
<b>Part B — SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102 and 103)</b>	
<b>CHECK ITEM A8</b> Asset types owned. Mark (X) all that apply.	<div>4300</div> <div>4302</div> <div>4304</div> <div>4306</div> <div> <input type="checkbox"/> ISS Code 100 — Regular/Passbook Savings Accounts  <input type="checkbox"/> ISS Code 101 — Money Market Deposit Accounts  <input type="checkbox"/> ISS Code 102 — Certificates of Deposit or other Savings Certificates  <input type="checkbox"/> ISS Code 103 — Interest-earning Checking Accounts (such as NOW or Super NOW accounts)           </div>
<b>1. Earlier you said that . . . had</b> (Read names of owned assets).	
<b>CHECK ITEM A9</b> Interview status of . . . 's spouse.	<div>4308</div> <div> <input type="checkbox"/> No spouse in household — SKIP to 3b  <input type="checkbox"/> Interview for spouse not yet conducted  <input type="checkbox"/> Interview for spouse already conducted — SKIP to 3a           </div>
<b>2a. Did . . . own any of these jointly with . . . 's (husband/wife)?</b>	
<div>4310</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No — SKIP to 3b           </div>	
<b>b. What is your best estimate of the total amount of interest earned on these jointly held</b> (Read asset types) <b>during the 4-month period (including even small amounts credited to . . . 's account(s))?</b>	
<div>4312</div> <div>           \$ <input type="text"/> . <input type="text"/> 00 — SKIP to 3a            x3 <input type="checkbox"/> None — SKIP to 3a            x1 <input type="checkbox"/> DK            x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 45         </div>	
<b>c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held</b> (Read asset types) <b>during the 4-month period?</b> ★	
<div>4314</div> <div>           \$ <input type="text"/> . <input type="text"/> 00 — SKIP to 3a            x1 <input type="checkbox"/> DK            x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 45         </div>	
<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>	
<div>4316</div> <div> <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 5  <input type="checkbox"/> No           </div>	
<b>3a. Besides any</b> (Read asset types) <b>owned jointly with . . . 's (husband/wife), did . . . have any other</b> (Read asset types)?	
<div>4318</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45           </div>	
<b>b. What is your best estimate of the total amount of interest . . . earned on these</b> (Read asset types) <b>during the 4-month period (including even small amounts credited to . . . 's account(s))?</b>	
<div>4320</div> <div>           \$ <input type="text"/> . <input type="text"/> 00 — SKIP to next ISS Code or Check Item P1, page 45            x3 <input type="checkbox"/> None — SKIP to next ISS Code or Check Item P1, page 45            x1 <input type="checkbox"/> DK            x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 45         </div>	
<b>c. What is your best estimate of the average amount that . . . had in these</b> (Read asset types) <b>during the 4-month period?</b> ★	
<div>4322</div> <div>           \$ <input type="text"/> . <input type="text"/> 00 — SKIP to next ISS Code or Check Item P1, page 45            x1 <input type="checkbox"/> DK            x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 45         </div>	
<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>	
<div>4324</div> <div> <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 6  <input type="checkbox"/> No           </div> <div>           } SKIP to next ISS Code or Check Item P1, page 45         </div>	
NOTES	

### Section 3 — AMOUNTS (Continued)

#### Part C — OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106 and 107)

##### CHECK ITEM A10

Asset types owned.  
Mark (X) all that apply.

- 4400** 1 ☐ ISS code 104 — Money Market funds  
**4402** 2 ☐ ISS code 105 — U.S. Government securities  
**4404** 3 ☐ ISS code 106 — Municipal or corporate bonds  
**4406** 4 ☐ ISS code 107 — Other interest-earning assets —  
Specify \_\_\_\_\_

**1. Earlier you said that . . . owned** (Read names of owned assets).

##### CHECK ITEM A11

Interview status of . . . 's spouse.

- 4408** 1 ☐ No spouse in household — SKIP to 3b  
2 ☐ Interview for spouse not yet conducted  
3 ☐ Interview for spouse already conducted —  
SKIP to 3a

**2a. Did . . . own any of these jointly with . . . 's (husband/wife)?**

- 4410** 1 ☐ Yes  
2 ☐ No — SKIP to 3b

**b. What is your best estimate of the total amount of interest earned on these jointly held** (Read asset types) **during the 4-month period** (including even small amounts credited to . . . 's account(s))?

- 4412** \$  .  00 — SKIP to 3a  
x3 ☐ None — SKIP to 3a  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 45

**c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held** (Read asset types) **during the 4-month period?** ★

- 4414** \$  .  00 — SKIP to 3a  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 45

**d. If I were to call back later would you be able to provide me with an estimate of the average amount?** (This information is especially important for the purposes of this survey)

- 4416** 1 ☐ Yes — Mark Reminder Card and  
Callback Summary, Item 7  
2 ☐ No

**3a. Besides any** (Read asset types) **owned jointly with . . . 's (husband/wife), did . . . own any other** (Read asset types)?

- 4418** 1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or  
Check Item P1, page 45

**b. What is your best estimate of the total amount of interest . . . earned on these** (Read asset types) **during the 4-month period** (including even small amounts credited to . . . 's account(s))?

- 4420** \$  .  00 — SKIP to next ISS Code  
or Check Item P1, page 45  
x3 ☐ None — SKIP to next ISS Code or Check Item P1,  
page 45  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 45

**c. What is your best estimate of the average amount that . . . had in these** (Read asset types) **during the 4-month period?** ★

- 4422** \$  .  00 — SKIP to next ISS Code  
or Check Item P1, page 45  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 45

**d. If I were to call back later would you be able to provide me with an estimate of the average amount?** (This information is especially important for the purposes of this survey)

- 4424** 1 ☐ Yes — Mark Reminder  
Card and Callback  
Summary, Item 8  
2 ☐ No } SKIP to next  
ISS Code or  
Check Item  
P1, page 45

NOTES

AMOUNTS — PARTS B & C

Section 3 – AMOUNTS (Continued)	
Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)	
<b>1a.</b> Earlier you told me that . . . owned stocks or mutual fund shares. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)	<b>4500</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i>
<b>CHECK ITEM A12</b> Interview status of . . . 's spouse.	<b>4502</b> 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
<b>1b.</b> During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)? ★	<b>4504</b> \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to 2a</i> x3 <input type="checkbox"/> None – <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
<b>c.</b> If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<b>4506</b> 1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 9</i> 2 <input type="checkbox"/> No
<b>2a.</b> During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)? ★	<b>4508</b> \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
<b>b.</b> If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<b>4510</b> 1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 10</i> 2 <input type="checkbox"/> No
<b>3a.</b> (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested?	<b>4512</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to next ISS Code or Check Item P1, page 45</i> x1 <input type="checkbox"/> DK
<b>CHECK ITEM A13</b> Interview status of . . . 's spouse.	<b>4514</b> 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3c</i>
<b>3b.</b> During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?	<b>4516</b> \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
<b>c.</b> During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?	<b>4518</b> \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to next ISS Code or Check Item P1, page 45</i>
NOTES	

# Section 3 — AMOUNTS (Continued)

## Part E — RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.

**CHECK  
ITEM A14**

Interview status of . . . 's spouse.

**4600**

- 1 ☐ No spouse in household — *SKIP to 3a*  
2 ☐ Interview for spouse not yet conducted  
3 ☐ Interview for spouse already conducted — *SKIP to 3a*

2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)?  
*Include only property owned entirely by couple.*

**4602**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 3a*

b. About how much was received in gross rent from this property during the 4-month period?

**4604**

\$  .  00

- x1 ☐ DK  
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

c. What is your best estimate of the amount that was cleared after expenses?

**4606**

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*  
**4608** x4 ☐ Lost money — *Enter amount of loss in box*

3a. Did . . . receive rental income from property owned entirely in . . . 's own name?

**4610**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 4a*

b. About how much was received in gross rent from this property during the 4-month period?

**4612**

\$  .  00

- x1 ☐ DK  
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

c. What is your best estimate of the amount that was cleared after expenses?

**4614**

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*  
**4616** x4 ☐ Lost money — *Enter amount of loss in box*

4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)

**4618**

- 1 ☐ Yes  
2 ☐ No — *SKIP to next ISS code or Check Item P1, page 45*

b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?

**4620**

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.  
**4622** x4 ☐ Lost money — *Enter amount of loss in box*

*SKIP to next  
ISS Code or  
Check Item  
P1, page 45*

NOTES

AMOUNTS — PARTS D&E

Section 3 – AMOUNTS (Continued)			
Part F – MORTGAGES, ROYALTIES AND OTHER FINANCIAL INVESTMENTS (ISS Codes 130, 140, and 150)			
CHECK ITEM A15	Asset types owned. Mark (X) all that apply.	4700 4702 4704	1 <input type="checkbox"/> ISS Code 130 – Mortgages 2 <input type="checkbox"/> ISS Code 140 – Royalties 3 <input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A16	Is ISS Code 130 marked in Check Item A15?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3
CHECK ITEM A17	Interview status of ...’s spouse.	4708	1 <input type="checkbox"/> No spouse in household – SKIP to 2b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
1 a. Earlier you said ... held a mortgage. Did ... own this jointly with ...’s spouse?		4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
b. During the past 4 months how much interest was paid to ... and ...’s spouse by the borrower?		4712	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 a. (Besides these jointly held mortgages) did ... hold any mortgages in ...’s own name?		4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A18
b. (Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?		4716	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A18	Is ISS Code 140 or 150 marked in Check Item A15?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item P1
3. Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? If income was shared, count only ...’s share.		4720 4722	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Lost money – Enter amount of loss in box
NOTES			

## Section 4 – PROGRAM QUESTIONS

<b>CHECK ITEM P1</b>	Refer to cc item 19b. Is this the reference person's questionnaire?	<b>4800</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
<b>CHECK ITEM P2</b>	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	<b>4802</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a
<b>1a. What is your monthly rent?</b>		<b>4804</b>	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 2a
<b>b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?</b> Exclude telephone.		<b>4806</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?</b>		<b>4816</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3
<b>b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord?</b> Mark (X) all that apply.		<b>4818</b> <b>4820</b> <b>4822</b>	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
<b>c. What was the total amount of the energy assistance received by this household during the past 4 months?</b>		<b>4824</b>	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK
<b>CHECK ITEM P3</b>	Are there any children 5 to 18 years old who live in this household?	<b>4826</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
<b>3a. Do any of the children in this household usually receive a complete hot lunch offered at school?</b>		<b>4828</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
<b>b. How many children?</b>		<b>4830</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
<b>c. How many complete school lunches do all of the children receive per week?</b>		<b>4832</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number of lunches x1 <input type="checkbox"/> DK
<b>d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?</b>		<b>4834</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3f
<b>e. In the past 4 months, were the lunches free, reduced-price, or were they full-price?</b>		<b>4836</b>	1 <input type="checkbox"/> Free lunch — SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
<b>f. What was the average price paid by all of the children for a complete school lunch?</b>		<b>4838</b>	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK
<b>g. Do any of the children usually receive breakfast at school under the Federal School Breakfast Program?</b>		<b>4840</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
<b>h. How many children?</b>		<b>4842</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
<b>i. How many complete school breakfasts do all of the children receive per week?</b>		<b>4844</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number of breakfasts x1 <input type="checkbox"/> DK
<b>j. In the past 4 months, were the breakfasts free, reduced-price, or were they full-price?</b>		<b>4846</b>	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

PROGRAM QUESTIONS